



United States Department of Agriculture

Animal and
Plant Health
Inspection
Service

ENQL 7-1 CY15
PERMANENT
Retire 01/19

Policy and Program
Development

January 14, 2015

Environmental and Risk
Analysis
Services, Unit 149
4700 River Road
Riverdale, MD 20737

Document Processing Desk [6(a)(2)]
Office of Pesticide Programs (7504P)
Ariel Rios Building
U.S. Environmental Protection Agency
1200 Pennsylvania Avenue, N.W.
Washington, DC 20460-0001

ATTN: Mr. Norman Spurling (7502P)

SUBJECT: **FIFRA, Section 6(a)(2) quarterly report: aggregate adverse effect
incident dated November 2014 for the reporting period ending
January 31, 2015**

During this reporting period, the following APHIS-registered pesticide product was involved
in an adverse incident:

EPA Reg. No. 56228-15	
Active Ingredient:	M-44 Cyanide Capsules
Sodium Cyanide	CAS No. 143-33-9

<u>Incident Category</u>	<u>No. of Incidents</u>
D-A	1

Details of the incident (involving the death of a domestic animal) can be found in the
enclosure.

Please direct any questions pertaining to this adverse incident report to Stephanie Stephens
by telephone at (435) 658-5134 or e-mail stephanie.h.stephens@aphis.usda.gov.

Sincerely,

David S. Reinhold
Chief, Environmental and Risk Analysis Services

Enclosure

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE D-A	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 11-5-14	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New	Date of last submission <input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information) TRAVIS FLANAGAN		TELEPHONE NUMBER 304-614-9543	CONTACT NAME (If Non-APHIS) TELEPHONE NUMBER	
DUTY STATION ADDRESS 25 Patterson St. White Sulphur Springs, WV 24986			ADDRESS	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY Renick	STATE WV	COUNTY Greenbrier	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other _____	
EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)				

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)] Agricultural (sheep) Fenced wooded pasture edge	SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]
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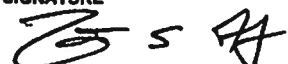

EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M44	ACTIVE INGREDIENT Sodium Cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

- During an equipment check WT Flanagan found the landowners domestic dog dead. WT Flanagan immediately notified supervisor of incident, Also notified landowner of incident. WT Flanagan turned dog over to landowner. Landowner told WT Flanagan that dog had gotten loose from it's enclosure, and he was unable to capture dog before being exposed.

NAME OF PREPARER TRAVIS FLANAGAN	SIGNATURE 	TELEPHONE NUMBER 304-614-9543	DATE 11/6/14
NAME OF SUPERVISOR 	SIGNATURE Tom S. Elliott	TELEPHONE NUMBER 304-636-1785	DATE 11/6/14

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM		ES USE ONLY
		REPORT NUMBER
"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input type="checkbox"/> Bird <input checked="" type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant		"X" ONE <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Wild
SPECIES COMMON NAME DOG		NUMBER OF ACRES AFFECTED
DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS		

Fatality

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

N/A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

N/A

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of baiting if applicable)

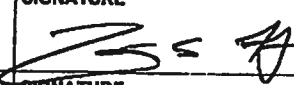

N/A

WAS PREBAITING USED ON THE SITE (Describe)
☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

Fenced wooded pasture edge

ADDITIONAL FACTORS

NAME OF PREPARER TRAVIS FLANAGAN	SIGNATURE 	DATE 11/6/14
NAME OF SUPERVISOR Tom S. Elliott	SIGNATURE 	DATE 11/06/14